

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
www.mass.gov/dia
600 Washington Street
Boston, MA 02111

Workers’ Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers

Applicant Information: Please Print Legibly

Name (Business/Organization/Individual):

Address:

City/State/Zip: Phone #:

Are you an employer? Check the appropriate box:		Type of project (required):
1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*	4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have Workers’ comp. insurance.	6. <input type="checkbox"/> New construction
2. <input type="checkbox"/> I am a sole propretor or partner-ship and have no employees working for me in any capacity. [No workers’ comp. insurance required.]	5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, § 1 (4), and we have no employees. [No workers’ comp	7. <input type="checkbox"/> Remodeling
3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers’ comp. insurance required.]†		8. <input type="checkbox"/> Demolition
		9. <input type="checkbox"/> Building addition
		10. <input type="checkbox"/> Electrical repairs or additons
		11. <input type="checkbox"/> Plumbing repairs or additions
		12. <input type="checkbox"/> Roof repairs
		13. <input type="checkbox"/> Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers’ compensation policy information:
† Homeowners who submit this affidavit indicating that are doing all work and then hire outside contractors must submit a new affidavit indicating such.
‡Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers’ comp. policy information.

I am an employer that is providing workers’ compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name:

Policy # or Self-ins. License # Expiration Date:

Job Site Address: City/State/Zip:

Attach a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25 A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one year imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance cov-
erage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature Date

Phone #

Official use only Do not write in this area, to be competed by city or town official

City or town: TOWN OF ACTON Permit/License #:

Issuing Authority (circle one):

1. Building Department 2. Electrical Inspector 3. Plumbing Inspector

Contact Person: GARRY A. RHODES Phone #: 978-264-9632



TOWN OF ACTON
BUILDING PERMIT APPLICATION

TOWN OF ACTON
INFORMATION AND INSTRUCTIONS:

- WHEN REQUIRED: A building permit is required whenever a project includes construction, reconstruction, alteration, repair, removal or demolition of a structure; change of use or occupancy of a building or a structure; or installation or alteration of any equipment that is regulated by the Commonwealth of Massachusetts State Building Code.
- PENALTY: Failure to obtain a building permit or starting work before a permit is issued may result in increased permit fees, fines up to \$1000 per day, imprisonment or any or all of the foregoing.
- APPLICATION: Application must be made by the owner or his/her authorized agent. Forms must be thoroughly and accurately completed. Accuracy and completeness will directly effect the time required to process the application through the Engineering, Planning, Conservation, Health and Building Departments. The State Building Code provides that the Building Department shall review a building permit application within thirty (30) days after filing. For purposes of this section, the permit is not considered to have been filed until other departments have approved it and it is returned to the Building Department for zoning and building code review.
- PLANS AND SPECIFICATIONS: Every application must be accompanied by two (2) copies of specifications and plans drawn to scale, with sufficient clarity, detail and dimensions to show the nature and character of the work to be performed. This information will be thoroughly reviewed to determine code compliance. Again, the degree of completeness and accuracy will have a direct bearing on the time required for review and approval.

Plans should include but not be limited to:

- A scale plan of the lot, drawn and stamped by a registered land surveyor. This plan should show dimensions of the lot, loca-
tions and dimensions of all existing and proposed structures, easements, septic systems, location of any Flood Plain on the lot,
etc.
- Foundation plan with anchor bolt locations and clearly showing a minimum four (4) foot depth to bottom of all footings.
- Structural, mechanical and electrical plans in sufficient detail to determine code compliance. (Include exterior building enve-
lope component materials with U-values, R-values, heat loss information. HVAC sizing, etc. for energy code compliance.)
Any changes or modifications to the approved plans must be submitted in writing for the Building Commissioner’s approval.

- STAMPED PLANS: Plans and specifications for any building containing more than 35,000 cubic feet of enclosed space must be stamped and signed by a qualified registered professional engineer or architect.
- POSTING PERMIT: The building permit must be posted at the site in clear view and protected from the weather at all times until the Certificate of Use and Occupancy is issued.
- OCCUPANCY: Upon completion of the work and prior to occupancy a Certificate of Occupancy form must be obtained from the Building Department and all applicable signatures affixed prior to final inspection and sign-off by the Building Inspector.
- EXPIRATION: A building permit expired if the work authorized is not started within six (6) months of issuance and continued through, in good faith, to completion.
- GENERAL: The building permit will indicate specific points in the construction process at which inspections must be made. No work should proceed until each of these phases has been inspected and signed off by the appropriate inspector. It is the applicant’s responsibility to notify each inspector at least 24 hours in advance of each required inspection.
At the rough inspection the electrical, plumbing and fire department approvals must be obtained prior to seeking approval of the building inspector.
- If you require any additional information please contact the Building Department at 264-9632 between the hours of 8:00 - 5:00.
We look forward to assisting you with your project.
- Permit fees are not reimbursable, not transferable, nor does payment guarantee issuance of a Building Permit.



TOWN OF ACTON
BUILDING PERMIT APPLICATION

Permit #
Date Issued
Received

I. LOCATION OF PROJECT

At (location) Zoning District
Applicant Phone
Lot Description: Parcel Plate Latest Recorded Plan: Book Page

II. TYPE AND USE OF BUILDINGS
A. TYPE OF IMPROVEMENT
B. TYPE OF CONSTRUCTION
C. FLOOR AREA
D. RESIDENTIAL BUILDINGS ONLY

E. DESCRIBE PROPOSED USE OF STRUCTURE OR BUILDING IN DETAIL & ESTIMATED COST ()

DEPARTMENT APPROVALS:

Table with 4 columns: Department, Approved, Disapproved, Not Applicable. Rows include Engineering Department, Planning Board, Conservation Commission, and Health Department.

III. IDENTIFICATION (Type or print clearly)

OWNER: Name Phone
Address
LESSEE: Name Phone
Address
CONTRACTOR: Name Phone
Address Supervisor's License # Home Improvement License #
ENGINEER: Name Phone
Address

IV. READ BEFORE SIGNING

The undersigned hereby certifies that he/she has read and examined this application and that the proposed work, subject to provisions of the Massachusetts State Building Code and other applicable laws and ordinances, is accurately represented in the statements made in this application and that the work shall be carried out in accordance with the forgoing statements and in compliance with the provisions of law and ordinances in effect on the date of this application.
Please type or print clearly:
Name of Applicant Company Name
Signature of Applicant Address
If application is made by other than the owner, complete the following:
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his authorized agent.
Signature of Agent Signature of Owner

DO NOT WRITE BELOW THIS LINE

Application received by Date
FEE Sq. Ft. Rate
Street Cut bond posted N/A State Building Code Approval BSMT (U)
Zoning Approval BSMT (F)
T.L.S.
GAR.
OTHER
SUB-TOTAL
ISSUED BY: PLANS x \$3.00 =
Building Commissioner TOTAL =